

NOV-20-1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35804

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 296

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Nannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Leveering Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
(Specify whether
In this community 34 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Nannibal
(If outside city or town limit, write "RURAL")
(d) Street No. 906 Fulton Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9th
year 1940 hour 2:45 minute P. M.
21. I hereby certify that I attended the deceased from Sept 19
1940 to Oct 9 1940
that I last saw her alive on Oct 9 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to

Other conditions HTN
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Merida Bell Hadley

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Lewis Hadley
6. (c) Age of husband or wife if alive — years

7. Birth date of deceased November 12, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 10 27 hr. min.

9. Birthplace Whiteside, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Work at home

11. Industry or business

12. Name John R. Tilton

13. Birthplace (do not know)
(City, town, or county) (State or foreign country)

14. Maiden name Bell Richards

15. Birthplace (do not know)
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl Harstmeier
(b) Address Macar, Missouri

17. (a) Burial (b) Date thereof Oct. 11, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery
18. (a) Signature of funeral director Roy L. Schwartz
(b) Address Nannibal, Missouri
19. (a) Oct. 12, 1940 (b) M. E. Fisher
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Yes

While at work? no (Specify type of place) (e) Means of injury

23. Signature A. B. Blue (M. D. or other)
Address Nannibal, Mo. Date signed 10/10/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Ray P. Schwartz, Registered Apprentice No. _____
working under my personal supervision.

Signed Ray P. Schwartz

Licensed Embalmer No. 17650

P. O. Address Hannibal, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.